Case IV. A physician was affected with fever during the night, between the 8th and 9th of the month. Eruption on the 13th. Termination favourable.

Case V. A student who lived with one of those who had been present at the post-mortem examination, but who was not there himself, being previously in sound health, became ill on the 8th, and on the tenth was in a state of high fever, with headache. Two days later the pocks broke out. Termination favourable. He had been vaccinated.

Case VI. A physician who was present at the inspection had carried home a piece of the skin affected with the disease for examination. He remained unaffected himself, but his wife, who was pregnant, and who had been vaccinated in her youth *and only a year previously, with good results*, began on the 8th of the month: day following high fever. On the 10th delirium; on the 11th a scarlatina-like rash on the skin, delirium at evening; and on the 12th she was prematurely confined. On the 13th, remission of fever and lessening of the skin affection. The child lived fourteen days, and was unaffected by the disease.

Case VII. Was the child of the attendant at the post-mortem examination, who had sewn up and washed the body. It had not been vaccinated, and although its father and mother remained unaffected, fell ill on the 8th of February; on the 11th the eruption began, and on the 12th the whole body was covered. It died on the 14th with pulmonary symptoms.

Such are the various cases related by the author, which are so uniform in their nature, and occurred under circumstances so favourable to precise and scientific observation as to afford material for most trustworthy and valuable deduction. As he remarks, it is not a little remarkable that seven people so differently circumstanced and predisposed, some being vaccinated, others not so; some being adults, others children; some male, and others female, should, in spite of these differences, be all affected at the same period after exposure to contagion (and this notwithstanding that the intensity of the contagious influence was very unequal), for in every case the outbreak was between the thirteenth and fourteenth day after. The development of the skin-inflammation in the numerous cases was less uniform.

The author closes by relating one or two other cases which completely support the above observations, and which occurred under his own immediate notice in 1858.—*Brit. and For. Med.-Chir. Rev.*, July, 1861, from *Annalen des Charités Krankenhauses.* Band xix.

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26. *Cases illustrating the Causes and Effects of Obstructions in the Arteries, both of the Brain and of other Organs.*—Mr. S. W. Sibley made a communication to the Royal Medical and Chirurgical Society (June 25, 1861), the object of which was to review a series of cases which had occurred in the Middlesex Hospital, with the view more especially of testing the theory which ascribes these obstructions to the washing away of vegetations, etc., from the valves of the heart. The cases were divided into four groups. In the first group (eleven cases) were placed those instances in which softening of the brain was found associated with a plug in one of the cerebral arteries. In the second group were placed three cases in which there was softening of the brain associated with vegetations on the valves of the heart; but in these instances the state of the cerebral arteries was not ascertained. The third group was formed by two instances of cicatrix of the brain, which the author believed to have been produced by the plugging of a cerebral vessel. In the fourth group were placed ten instances in which there were fibrinous deposits in the internal organs, but in which the brain was not affected with softening. The cases were then analyzed. It was found that in twelve out of the fourteen examples of softening of the brain there were fibrinous deposits in the internal organs; the remaining two cases were not complete. It also appeared that, in twelve out of the fourteen cases of softening of the brain there were warty growths on the valves of the heart. In one of the remaining cases there was extensive atheromatous and calcareous disease of the aorta; in the other the heart and vessels were healthy, but there was hepatization of the lung. Other points relating to the fibrinous deposits in the organs were also analyzed; and this was followed by a comparison of the symptoms in the cases of softening of the brain. The author pro-

ceeded to describe the phenomena which followed the sudden obstruction of an artery. The complete arrest of circulation, the attempt at its restoration, and the reason why in the cases of the brain, spleen, and kidney this attempt is not successful. The partially restored circulation is characterized by a zone of enlarged vessels around, and by a low form of inflammation in the part affected. In consequence of this the nutrition of the part is damaged, and fatty granules accumulate among the cell-structures, thus causing the bright yellow colour which is seen in the so-called fibrinous deposits. As the circulation becomes more complete, the more plastic products of inflammation are formed, the yellow colour fades, the bright zone of eularged vessels slowly disappears, and at length a cicatrix is formed. The paper concluded with a review of the arguments for and against the theory which supposes these fibrinous obstructions to have been washed away from the cavities of the left side of the heart. The author believes that obstructions may be formed in the arteries, or that they may be washed away from the heart; and after describing the mode in which obstructions formed in these two modes are to be distinguished from each other, he proceeded to give the reasons for affirming that in all the cases mentioned in this paper the plugs had come from the heart, from the arteries, or from an inflamed lung. The chief arguments made use of for arriving at this conclusion were: the peculiar appearance and structure of the plugs; their analogous structure to warty growths on the valves of the heart; the situation at which plugs are usually met with; the condition of the artery at the obstructed part; the occurrence of several plugs in neighbouring or distant vessels; the very frequent, or indeed almost constant, association with fibrinous deposits in the spleen and kidney, and, lastly, the arguments which are derived from a consideration of the symptoms of this form of brain disease.—*Med. Times and Gaz.*, July 6, 1861.

27. *Case of Traumatic Emphysema of the Liver.*—A case, probably unique, was recently related to the Paris Society of Surgery by M. CHABERT. A drunken artilleryman threw himself from a window and died three days afterwards from the numerous injuries received, a marked jaundiced condition of the skin previously manifesting itself. At the autopsy a multitude of small, irregularly-shaped elevations of a brownish-yellow colour covered the external surface of the liver. When punctured a noise like that from the bursting of a small bladder filled with air was heard. There were three lacerations of the organ two or three millimetres only in depth. Incisions into various parts of the liver gave issue to no fluid, their surfaces being dry and of a brownish-yellow colour, and presentiug numerous vacuoli like a sponge. On pressing portions of the organ between the fingers crepitation was distiuctly heard. The diminution of specific gravity was remarkable, portions of any part of the liver floating in water, and when compressed under this yielding numerous bullæ, which burst on the surface, the liver then sinking to the bottom. The surface of the gall-bladder (distended with deep-coloured bile) was covered by a great number of vesicles resembling those of the surface of the liver. No cadaveric change accounted for these appearances, as the autopsy was performed soon after death. The diaphragm and the intestines being completely uninjured, it cannot be admitted that the air contained in the liver could have proceeded from either the lungs or the intestines. M. Cruveilhier's failure iu his experiments to inject the biliary passages from the duodenum forbids the supposition that the air gained access to the hepatic parenchyma by a reflex passage through the choledochus. We are thus driven to the supposition that the gas must have been formed within the liver itself, probably within the cellular tissue connecting the Glisson's capsule with the glandular tissue. In the *Union Médicale*, September 8, 1855, cases are related in which emphysema of the liver was connected with internal disease; but there is no other example of its dependence upon a traumatic lesion.—*Med. Times and Gaz.*, August 17, 1861, from *Union Méd.*, No. 84.

28. *Ozæna.*—Dr. DEMME, of Berne, states that he has seen a number of cases of ozæna, successfully treated by touching the nasal mucous membrane with saponine (a preparatiou of tar), and by injecting this same article into the nose.